



Attorney Docket No. 0113-2

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	Eric Stanneck	Group Art Unit:	3751
Serial No.:	10/634,361	Examiner:	Charles E. Phillips
Filed:	August 6, 2003		
For:	<b>POOL COVER DRAIN</b>		
Docket No.:	0113-2		

Bedminster, NJ 07921  
June 5, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

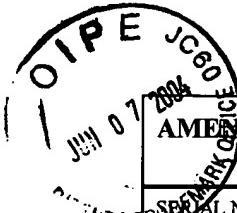
Sir:

**AMENDMENT UNDER 37 CFR 1.111**

In response to the Office Action dated May 27, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.



IFW

AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 0113-2		
SERIAL NUMBER: 10/634,361	FILING DATE: August 6, 2003	EXAMINER: Charles E. Phillips		GROUP ART UNIT: 3751		
INVENTION: <b>POOL COVER DRAIN</b>						
INVENTOR(s): Erick Stanneck						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	11	0	X \$9	0.00
INDEP. CLAIMS	2	MINUS	3	0	X \$43	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p>						
<p><input type="checkbox"/> No additional fee is required.</p>						
<p><input type="checkbox"/> A check for \$ _____ is enclosed herewith.</p>						
<p><input type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and submits a check for \$ _____ to cover the extension fee herein. _____.</p>						
<p><input type="checkbox"/> A triplicate copy of this sheet is enclosed.</p>						
<p><input type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p>						
June 5, 2004						
				Signature		
				Ernest D. Buff		
				Attorney Name		
(908) 901-0220				25,833		
				Reg. Number		
I hereby certify that this correspondence, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, is being transmitted via First Class mail on <u>June 5, 2004</u> .						
(Signature)						
Ernest D. Buff						
Attorney of Record						
June 5, 2004						
(Date)						